

of Bdrms: _____

ADDRESS: _____ HOME PHONE: 8-_____

PRE-VACATE Schedule on _____ at _____
FINAL CHECK-OUT Schedule on _____ at _____

TO CONTRACTOR from 0800 _____ to 0800 _____
New Tenant CHECK-IN: _____ (P.M.) _____

Date of Last: Paint T/O: _____ TILE: _____ VINYL: _____ CARPET: _____
Appliances: Make Year Serial# Condition/Repairs Needed Replace:

Refrigerator:				
Stove:				
Dishwasher:				

GOVERNMENT WASHER/DRYER IN QUARTERS: YES.

CONTRACTOR TO: PAINT T/O: _____ PARTIAL PAINT as identified: _____

VINYL: under sinks:___ kitchen:___ Svc Rm:___ Family Rm:___ Bath:___

CARPET: _____ **REMOVE WALLPAPER:** _____ **TUB REPAIR:** _____

ADDITIONAL MAINTENACE and CHARGES:

[illegible]

ROACH SPRAY (a.m.): _____ SPECIAL NOTE: _____

MCAGCC29P -11101/38 (5-92)